



PATENT  
450100-03682

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Katsumi TOYAMA  
U.S. Serial No.: 10/024,162  
Filed : December 18, 2001  
For : MEMORY CARD DRIVE AND PORTABLE MEMORY CARD DRIVE  
Examiner : Zachary PAPE  
Art Unit : 2835

745 Fifth Avenue  
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 7, 2005.

Leeanne Lawlor

\_\_\_\_\_  
Name of Person Mailing This Communication



\_\_\_\_\_  
Signature

April 7, 2005

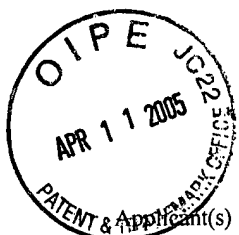
\_\_\_\_\_  
Date of Signature

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Official Action issued December 10, 2004, please amend the captioned application as follows:



PATENT  
450100-03682

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Examiner : December 18, 2001  
Art Unit : 2835

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =20	* x	\$50 (25)	= \$
Independent claims	2	Minus	*** =3	* x	\$200 (100)	= \$
Total additional fee for this amendment						\$

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the one (1) month following the expiration of the term originally set therefor. This is a petition to request a One (1) month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$120.00 is attached, which covers the cost of ☐ additional claims One (1) month petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Leeanne Lawlor

Typed name of person mailing this communication

*Leeanne Lawlor*

Signature

April 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

*Leonard J. Santisi*

Leonard J. Santisi  
Reg. No. 24,135  
Tel: 212-588-0800

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